

No. 2
-5-42
-17-39
X32873

FILED JUN 22 1944/9
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Lukes Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte ⁹⁹⁹
(c) City or town Kansas City ¹⁴
(If outside city or town limits, write "RURAL")
(d) Street No. 1963 Parallel
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1944 hour 10AM minute — M.
21. I hereby certify that I attended the deceased from March
1936 to June 8, 1944.

that I last saw him — alive on —, 19—;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism ^{2 weeks}
arricular fibrillation 3 yrs

Due to myral stenosis & aortic stenosis

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: 92 N
Of operations —

Of autopsy myral stenosis & aortic stenosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

(Specify type of place)
While at work? — (e) Means of injury —

23. Signature P.T. Bohan (M. D. or other) MD
Address Playa del Mar Bldg Date signed 6/8/44

3. (a) PRINT FULL NAME Esther K. Tucker

3. (b) If veteran, name war No 3. (c) Social Security No. unk

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William P. Tucker 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased January 25 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 13
If less than one day hr. min.

9. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Floor Lady

11. Industry or business Faultless Starch Co.

12. Name Peter Swanson

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Anna

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant August N. Tucker

(b) Address 1963 Parallel Ave., K.C. Kans

17. (a) Removal (b) Date thereof 6-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremations Mt. Hope Cem. K. Kans.

18. (a) Signature of funeral director Stacy Long

(b) Address Kansas City, Kansas

19. (a) 6-9-44 (b) D.E. Brown
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 30 1944

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.